

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

Chad Amos Chamberlin(b) Address (number and street) ☐ check if different than previously reported
560 S. Atlantic Ave.

(c) City, State and ZIP Code

Cocoa Beach

FL

32931

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30002323**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y
01 / 01 / 2015

through

M M M / D D D / Y Y Y Y Y Y
06 / 30 / 2015**5. (a) Date of Public Distribution(s)**

M M M / D D D / Y Y Y Y Y Y

(b) Communication Title**6. The filer is a(n):** (a) ☒ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☒No ☐**8. Custodian of Records**

(a) Name

Chad Amos Chamberlin

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement

, 5000.00

10. Total Disbursements/Obligations This Statement

, .00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Chad Amos Chamberlin

SIGNATURE

Chad Amos Chamberlin

[Electronically Filed]

DATE

06/17/2015

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.